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RURAL DISTRICT OF DROXFORD



ANNUAL REPORT

OF THE

MEDICAL OFFICER of HEALTH

AND

SANITARY INSPECTOR

for the year

1954

PETERSFIELD:
THWAITES & WATTS, LAVANT STREET.

RURAL DISTRICT OF DROXFORD

ANNUAL REPORT
OF THE
Medical Officer of Health
AND
Sanitary Inspector
FOR THE YEAR
1954

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DROXFORD RURAL DISTRICT COUNCIL.

NORTHBROOK HOUSE,
BISHOP'S WALTHAM,
SOUTHAMPTON.

*To the Chairman and Members
of the Droxford Rural District Council.*

I have the honour to present the Annual Report for the year ending 31st December, 1954 on the health and sanitary circumstances of the Rural District of Droxford.

There was very little infectious disease apart from local outbreaks of whooping cough and dysentery.

The outbreak of dysentery occurred at Wickham Primary School ; and I wish to record how much I appreciated the full co-operation of the general practitioners. It is to be hoped that the County Council will agree to carrying out the necessary improvements to the existing sanitary arrangements.

A Special Sub-Committee was formed to consider the important matter of School Sanitation throughout the district.

There have been no deaths from diphtheria since the Council's scheme for diphtheria immunisation by general practitioners was commenced in 1935.

Parents are reminded that all children should be immunised before they are a year old and should receive their first supplementary injection preferably just before going to school.

The Minister of Food has included this district in a "Specified Area" in which designated milk only may be sold.

I should like to take this opportunity of thanking you all for your support and encouragement ; and I am grateful to the officers of other departments for their willing help and assistance at all times.

I also wish to express my grateful thanks to Mr. Lindley, the Chief Sanitary Inspector, and to Mr. Potter and Mr. Wenden, the Additional Sanitary Inspectors, for their valuable co-operation and assistance in compiling this Report.

S. Chalmers Parry.

Medical Officer of Health
Droxford Rural District Council.

LEGISLATION.

The following new legislation of Public Health significance came into force during the year under review.

(1) HOUSING REPAIRS AND RENTS ACT, 1954.

This Act came into force on the 30th August.

Local Authorities are required to submit to the Ministry, within one year, proposals for dealing with houses in their district which are unfit for human habitation and are not capable of repair at a reasonable expense.

Section 9 of the Act provides a new and comprehensive means of determining for any of the purposes of the Housing Act, 1936 whether a house is unfit for human habitation.

This new "Standard of Fitness" lays down that regard shall be had to its condition in respect of the following matters :—

1. Repair.
2. Stability
3. Freedom from damp
4. Natural lighting
5. Ventilation
6. Water supply
7. Drainage and sanitary conveniences
8. Facilities for storage, preparation and cooking of food

and the house shall be deemed to be unfit if, and only if, it is so far defective in one or more of the above matters that it is not reasonably suitable for occupation in that condition.

Sections 16 and 37 of the Housing Repairs and Rents Act make certain alteration of the provisions of Part II of the Housing Act, 1949 concerning grants for improvements and conversion with the object of encouraging more owners to apply for grants.

Part II of the Act empowers Landlords to increase the rent subject to compliance with certain conditions relating to repairs.

Tenants, aggrieved by a proposed increase in rent, can apply to the Local Authority for a " Certificate of Disrepair " if the house is not in all respects fit for habitation.

- (2) THE HOUSING REPAIRS (INCREASE OF RENT) REGULATIONS AND THE RENT RESTRICTION REGULATIONS, 1954.

These regulations prescribe the form of notices required to be completed by the landlord when applying for increases in rent.

- (3) MILK (SPECIAL DESIGNATIONS) (SPECIFIED AREA) No. 2 ORDER.

This order came into operation on the 1st October. The Droxford Rural District is included in the " Winchester Area."

It provides that all milk, sold by retail in the area, must be " specially designated milk."

- (4) LIVESTOCK (RESTRICTION ON SLAUGHTER) (AMENDMENT AND REVOCATION) ORDER, 1954.

This order brought to an end Government Control of purchasing and slaughtering of livestock for human consumption. From the 1st July these functions reverted to private enterprise.

- (5) SLAUGHTERHOUSES ACT, 1954.

This Act gives power to the Local Authorities to restrict the licensing of private slaughterhouses.

- (6) THE SLAUGHTER OF ANIMALS (PREVENTION OF CRUELTY) REGULATIONS, 1954.

These regulations deal with the handling of animals in slaughterhouses and lairages.

- (7) THE SLAUGHTER OF ANIMALS (PIGS) ACT, 1953.

This Act came into force on the 1st July, 1954 and prohibits the slaughter of pigs exceeding twelve weeks in age in any place other than a slaughterhouse or knacker's yard unless :—

- (a) It shall be instantaneously slaughtered or shall by stunning be instantaneously rendered insensible to pain until death supervenes.

and

- (b) The slaughter or stunning shall be effected by means of a mechanically operated instrument in proper repair.

(8) PUBLIC HEALTH (AIRCRAFT) (AMENDMENT) REGULATIONS, 1954.

These regulations extend to the Armed Forces of other countries, exemption from the Public Health (Aircraft) Regulation, 1952.

STATISTICS OF THE AREA.

Area	62,747 acres.
"Home" Population (Mid-1954)* ...	20,210
Number of inhabited houses (end of 1954 according to Rate Books) ...	6,454
Rateable Value, 31st December, 1954 ...	£136,640
Sum represented by a penny rate ...	£552 13s. 8d.

* (Based on Registrar General's final figures from Census)

The full analysis by the General Register Office of the 1951 Census figures is now available and is reproduced below :—

PARISH	Acreage (Land and Inland Water)	POPULATION				
		1931	1951			
		Persons	Persons	Males	Females	Persons per Acre
Bishops Waltham	5,151	2,782	2,883	1,398	1,485	0'56
Boarhunt	2,538	468	551	291	260	0'22
Corhampton and Meonstoke	3,301	526	641	321	320	0'19
Curbridge	3,496	381	444	229	215	0'13
Curdrige	2,167	838	1,035	495	540	0'48
Denmead	3,972	1,345	1,983	938	1,045	0'50
Droxford	2,433	505	567	261	306	0'23
Durley	2,497	724	890	443	447	0'36
Exton	3,639	266	239	116	123	0'07
Hambleton	5,474	943	1,103	530	573	0'20
Shedfield	2,286	1,915	1,826	890	936	0'80
Soberton	5,885	1,336	1,400	658	742	0'24
Southwick & Widley	5,071	595	1,119	736	383	0'22
Swanmore	2,362	1,218	1,429	697	732	0'06
Upham	3,004	589	675	328	347	0'22
Warnford	3,178	142	200	103	97	0'06
West Meon	3,773	700	740	351	389	0'20
Wickham	2,545	2,588	2,984	1,342	1,642	1'17
DROXFORD R.D.	62,772	17,861	20,709	10,127	10,582	0'33

NATURAL AND SOCIAL CONDITIONS OF THE AREA.

Little change has taken place in the South-East corner of Hampshire during the past year.

The chief industries still are, and probably always will be, agriculture and forestry. A revival of the brick making industry is indicated by the proposed re-opening of the brickyard at Denmead with the construction of up-to-date plant and equipment.

The parts of the Rural District adjacent to the City of Portsmouth are developing rapidly as residential areas and there is an increasing demand for houses throughout the remainder of the area.

Water.

The Meon Valley Water Scheme has now been practically completed which means that parts of the Parishes of Corhampton and Meonstoke, Exton and Warnford, Droxford and Swanmore have a piped supply of water available.

Drainage and Sewage.

The village of Southwick still remains the only one in the Rural District to be sewered, but it is hoped that Bishop's Waltham's scheme will soon be under way and will be quickly followed by Wickham, Denmead and Hambledon.

In the meantime, drainage of W.C's and waste water is still chiefly by means of the conservancy system and the Council's scheme of providing four free emptyings per year for each cesspool is still in operation.

VITAL STATISTICS.

Births.	1954.			1953.		
	M.	F.	Total.	M.	F.	Total.
Live Births (Legitimate)	177	165	342	173	147	320
(Illegitimate)	7	10	17	7	8	15
Total	...		359			359

Live Birth rate per 1,000 of the estimated population (mid-1954) was 17·8 compared with 15·2 for the whole of England and Wales.

	1954.			1953.		
	M.	F.	Total.	M.	F.	Total.
Still Births (Legitimate)	1	4	5	2	—	2
(Illegitimate)	2	—	2	—	—	—
Total Still Births	...		7			2

Still Birth rate per 1,000 total (live and still) births was 19·1 compared with 24·0 for the whole of England and Wales.

Deaths.	1954.			1953.		
	M.	F.	Total.	M.	F.	Total.
From all causes	144	176	320	188	176	364
<i>Death rate per 1,000 estimated population was 15·8 compared with 11·3 for the whole of England and Wales.</i>						

Maternal Mortality.	1954.	1953.
Pregnancy, Childbirth and Abortion ...	2	Nil
<i>Maternal Mortality rate per 1,000 total (live and still) births, 5·4.</i>		

Infant Mortality (deaths under one year).

		1954.			1953.		
		M.	F.	Total.	M.	F.	Total.
Legitimate	...	4	3	7	1	2	3
Illegitimate	...	2	—	2	—	—	—
				—			—
	Total	...		9			3
				—			—

Infant Mortality rate per 1,000 live births was 16·7 compared with 25·5 for the whole of England and Wales.

The number of deaths of infants under the age of one year, per 1,000 live births, is known as the infant mortality rate for that year.

This rate for each calendar year is not regarded as a reliable guide, for the number of births in the District is insufficient to be of significance statistically.

But, if this rate is taken over a period of five years, it may then be considered reasonably reliable and one of the best indices of the social circumstances of the district. High rates are commonly associated with overcrowding and defective sanitation.

It is therefore satisfactory to report that, during the past fifteen years, the quinquennial rates for this district have been consistently lower than the figures for the country as a whole.

The following table shows the rate for the district as compared with the rate for England and Wales, each over a five-year period.

Infant Mortality Rates (per 1,000 live births).				
Year	Droxford Rural District		England and Wales	
1937	...	47.1	...	55.4
1938	...	50.8	...	55.2
1939	...	52.2	...	55.4
1940	...	52.1	...	53.6
1941	...	46.7	...	52.8
1942	...	47.1	...	52.0
1943	...	42.5	...	50.0
1944	...	33.2	...	46.6
1945	...	28.3	...	45.0
1946	...	28.5	...	42.0
1947	...	28.5	...	39.2
1948	...	26.3	...	35.9
1949	...	25.5	...	33.3
1950	...	23.7	...	30.6
1951	...	19.4	...	29.2
1952	...	15.0	...	27.8

The infant mortality rate for the year under review was 16.7 compared with 25.5 for England and Wales.

The corresponding figure for 1953 was 8.9 compared with 26.8 for England and Wales.

Causes of Death.

	MALE	FEMALE	TOTAL
1. Tuberculosis of Respiratory System ...	—	1	1
2. Other forms of Tuberculosis ...	1	—	1
3. Syphilis	3	—	3
4. Diphtheria	—	—	—
5. Whooping Cough	—	—	—
6. Meningococcal Infections	—	—	—
7. Acute Poliomyelitis	—	—	—
8. Measles	—	—	—
9. Other Infective and Parasitic Diseases ...	—	1	1
10. Malignant Neoplasm, Stomach ...	1	2	3
11. „ „ Lung, Bronchus ...	7	—	7
12. „ „ Breast ...	—	3	3
13. „ „ Uterus ...	—	1	1
14. Other Malignant & Lymphatic Neoplasms	13	14	27
15. Leukæmia, Aleukæmia	—	—	—
16. Diabetes	1	5	6
17. Vascular Lesions of Nervous System ...	21	25	46
18. Coronary Disease, Angina	23	16	39
19. Hypertension with Heart Disease ...	3	5	8
20. Other Heart Disease	29	53	82
21. Other Circulatory Disease	4	9	13
22. Influenza	—	—	—
23. Pneumonia	8	11	19
24. Bronchitis	7	2	9
25. Other Diseases of Respiratory System ...	2	—	2
26. Ulcer of Stomach and Duodenum ...	1	1	2
27. Gastritis, Enteritis and Diarrhœa ...	1	2	3
28. Nephritis and Nephrosis	—	2	2
29. Hyperplasia of Prostate	1	—	1
30. Pregnancy, Childbirth, Abortion ...	—	2	2
31. Congenital Malformations	2	1	3
32. Other Defined and Ill-defined Diseases ...	9	13	22
33. Motor Vehicle Accidents	2	1	3
34. All other Accidents	5	5	10
35. Suicide	—	1	1
36. Homicide and Operations of War ...	—	—	—
	144	176	320

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

Public Health Officers of the Authority.

Medical Officer of Health :

S. CHALMERS PARRY, M.A., CANTAB., M.R.C.S., L.R.C.P., D.P.H.

Engineer, Surveyor and Chief Sanitary Inspector :

F. LINDLEY, M.R.S.I., A.M.I.S.E., M.S.I.A.

Additional Sanitary Inspectors :

H. W. POTTER, CERT. S.I.B.

H. L. WENDEN, CERT. S.I.B.

Laboratory Facilities.

Bacteriological work is carried out by the Public Health Laboratory at the Royal Hampshire County Hospital, Winchester (Telephone, Winchester 3807) and specimens of clinical materials (sputum, swabs, etc.) and samples of water, milk and foodstuffs are sent for bacteriological examination to Dr. H. T. Findlay, Director of the Public Health Laboratory.

Some specimens in connection with cases of infectious diseases, which have been admitted to the Portsmouth Infectious Diseases Hospital, are sent for bacteriological examination to Dr. K. Hughes, Director of the Public Health Laboratory, Milton, Portsmouth (Telephone, Portsmouth 74785).

The laboratories are not open on Saturday afternoons, but some of the staff attend on Sundays from 10 a.m. to 12 noon.

Samples may be deposited in the sample box placed outside the Public Health Laboratory, Winchester or they may be left at the Porter's Lodge of the Infectious Diseases Hospital, Portsmouth, at any time.

Samples of chemical analyses are sent to the Public Analyst, Civic Centre, Southampton (Telephone, Southampton 3855).

Ambulance Facilities.

All applications for the use of ambulances should be directed to the Ambulance Officer, Fareham (Telephone, Fareham 2170) who arranges for the most conveniently situated ambulance to attend.

Hospital Car Service.

The use of this Service may be obtained through the Ambulance Officer (Telephone, Fareham 2170).

Smallpox cases (suspected or confirmed), requiring transport to hospital, will be conveyed by the County Ambulance Service by arrangements made through the Beds Admissions Office (Telephone, Winchester 2261).

Nursing in the Home.

The names and addresses of District Nurses, Midwives and Health Visitors, who practise in the district under the direction of the County Medical Officer, are shown in the following table:—

<i>Names and addresses of Nurses</i>	<i>District served</i>	<i>Names of Health Visitors</i>
MISS A. L. BROWN, S.C.M., 18 Penfords Paddock, Bishop's Waltham. (Tel. Bishop's Waltham 199).	Part of Bishop's Waltham and Waltham Chase	MISS E. J. READ, S.R.N., S.C.M. A.R.San.I., R.S.I. Certificate.
MISS J. STEVENS, S.R.N., S.C.M., 14 Folly Field, Bishop's Waltham. (Tel. Bishop's Waltham 330),	Parts of Bishop's Waltham Chase and Upham	
MISS M. C. VINCENT, S.R.N., S.C.M., 16 Elizabeth Road, Wickham. (Tel. Wickham 2277).	Shedfield except Waltham Chase Wickham and Boarhunt	
MISS A. L. BROWN, S.C.M., 18 Penfords Paddock, Bishop's Waltham. (Tel. Bishop's Waltham 199).	Swanmore	MISS B.C.OSBORN, S.R.N., S.C.M., R.S.I. Certificate, Orthopædic Nursing Certificate.
MISS N. SWAIN, S.C.M., 2 Bere Road, Denmead. (Tel. Hambledon 49).	Denmead, Hambledon and Southwick	
MISS M. OSGOOD, S.R.N., S.C.M., 20 The Park, (R.S.I. CERT.), Droxford. (Tel. Droxford 210).	Soberton, Droxford, Meonstoke, Corhampton, Exton	MISS M. OSGOOD, S.R.N., S.C.M., R.S.I. Certificate.
MISS F. R. MOORE, S.C.M., 14 Glenthorne Meadow, East Meon. (Tel. East Meon 63)	Warnford, West Meon	MRS.C.E.FOSTER, S.R.N., S.C.M. A.R.San.I., R.S.I. Certificate.
MISS K. BRABROOK, S.R.N., S.C.M., The Crest, Widley. (Tel. Cosham 75477).	Widley	MISS M. E. HUNT, S.R.N., S.C.M., R.S.I. Certificate.
MISS B. F. CHILD, S.R.N., 41, London Road, Widley. (Tel. Cosham 75315).		
MISS J. STEVENS, S.R.N., S.C.M., 14 Folly Field, Bishop's Waltham. (Tel. Bishop's Waltham 330).	Durley	MISS P. JENKINS, S.R.N., S.C.M., R.S.I. Certificate.
MISS D. STOEYELL, S.C.M., Leehurst, Botley. (Tel. Botley 15).	Curbridge Curdridge	

Child Welfare Centres.

The following Child Welfare Centres in the Rural District are open for children under five years of age.

<i>Centre</i>	<i>Hall</i>			<i>Afternoons</i>
Bishop's Waltham ..	Youth Club	...	...	1st and 3rd Fridays
Denmead ..	All Saints' Church Room	...	...	4th Mondays
Droxford ...	Village Hall	...	...	1st Mondays
Durley ..	Memorial Hall	...	...	2nd Fridays
Hambledon ..	Women's Institute	...	...	2nd Mondays
Shedfield ...	Chase Hut, Waltham Chase	...	...	2nd and 4th Wednesdays
Southwick ...	Manor Hall	...	...	4th Fridays
Swanmore ...	Parish Hall	...	...	3rd Thursdays
Wickham ...	Victory Hall	...	...	1st and 3rd Wednesdays

The following four centres situate in adjoining districts are available for children living near the boundaries of the district :—

<i>Centre</i>	<i>Hall</i>			<i>Afternoons</i>
East Meon ..	Institute Hut	...	...	1st and 3rd Thursdays
Fair Oak ...	Women's Hall	...	...	2nd and 4th Thursdays
Sarisbury ..	British Legion Hall	...	...	2nd and 4th Thursdays
Titchfield ...	Parish Hall	...	...	1st and 3rd Mondays

The work of the voluntary helpers, who assist the medical and nursing staff at the welfare centres, is greatly appreciated.

FAMILY PLANNING ASSOCIATION CLINICS.

Advice on family planning is given at the following clinics, which are run on a voluntary basis, as the Service is not available under the National Health Service.

A lady doctor and sister are in attendance.

AREA	ADDRESS OF CLINIC	DAY	TIME
Cosham	Child Welfare Centre, Northern Road	Every Wednesday	1.0 - 3.30 p.m.
Eastleigh	The Red House, 6 Romsey Road	Every Friday	2.0 - 4.0 p.m.
Fareham	County Council Health Centre, "Flying Angel," off West Street	Every Monday	5.0 - 7.0 p.m.
Portsmouth	Trafalgar Place, Clive Road, Fratton	Tuesdays Fridays	1.0 - 3.30 p.m. 7.0 - 9.0 p.m.
Winchester	The Hut (adjoining Trafalgar House) Street	Every Tuesday	2.0 - 3.0 p.m.

Any further information can be obtained from the County Medical Officer.

It is desirable that a woman should, at her first attendance, take to the Clinic a letter from her own doctor.

*Tuberculosis.

The following Chest Clinics are available to patients suffering from Tuberculosis :—

FAREHAM—The Chest Clinic, St. Christopher's Hospital, Wickham Road.
Telephone : Fareham 226311.

Monday 9.45 a.m. Previous Patients
 2.00 p.m. New Patients.
Wednesday 2.00 p.m. A.P. refills (weekly).
 5.00 p.m. By appointment (2nd in month only).
Friday 2.00 p.m. Previous Patients.

Chest Physician—Dr. J. P. Sharp.

HAVANT—The Chest Clinic, Queen Alexandra Hospital.
Telephone : Cosham 79451. Extension 58

Wednesday 9.45 a.m. Previous Patients by appointment.
 2.00 p.m. New Patients.
Thursday 9.45 a.m. Previous Patients by appointment.
 2.00 p.m. A.P. refills (weekly).
 Evening Clinic (1st in month only) by appointment.

Chest Physician—Dr. J. Butterworth.

WINCHESTER—County Medical Department, Trafalgar Street.
Telephone : Winchester 4415. Extension 132.

Wednesday 10.00 a.m. Previous Patients.
 2.30 p.m. New Patients.
Thursday 9.30 a.m. By appointment.
 1.30 p.m. A.P. refills at Royal Hants County
 Hospital.

Chest Physician—Dr. H. S. Fraser.

EASTLEIGH—The Mount Sanatorium, Bishopstoke.
Telephone : Eastleigh 2335.

Tuesday 9.30 a.m. Previous Patients.
 2.00 p.m. New Patients.
 5.00 p.m. A.P. refills by appointment (1st in month)
Wednesday 10.00 a.m. A.P. refills
Friday 9.30 p.m. Previous Patients.

Chest Physician—Dr. D. C. Lillie.

*Venereal Diseases.

Treatment is available at the following clinics :—

PORTSMOUTH—St. Mary's Hospital.

Males : 10 a.m. to 12 noon, Tuesdays.
5 p.m. to 7 p.m., Thursdays.

Females : 5 p.m. to 7 p.m., Mondays.
2 p.m. to 4 p.m., Wednesdays.
10 a.m. to 12 noon, Fridays.

SOUTHAMPTON—1 Cardigan Road (off New Road).

Males : 9 a.m. to 12 noon, and 5 p.m. to 7 p.m., Monday,
Tuesday, Wednesday, Thursday and Friday.
9 a.m. to 12 noon, Saturdays.

SOUTHAMPTON—Health Centre, King's Park Road.

Females : 10 am to 12 noon, Monday
2 p.m. to 4 p.m., Tuesday.
2 p.m. to 6 p.m., Thursday.
2 p.m. to 4 p.m., Friday.

WINCHESTER—Royal Hants County Hospital.

Males : 10 a.m. to 12 noon, Saturday.
Females : 2 p.m. to 4 p.m., Tuesday.

SCHOOL HEALTH SERVICES.

*Orthopaedic Clinics.

Orthopædic cases, requiring treatment, are referred through the Lord Mayor Treloar Hospital, Alton, to the following Clinics :—

ALTON. *Surgeon's Clinic*, held at Lord Mayor Treloar Hospital, on fourth Tuesdays, odd months, at 10 a.m.

Remedial Clinic, held at Lord Mayor Treloar Hospital each Thursday morning and afternoon.

WINCHESTER *Surgeon's Clinic*, held at the Royal Hants County Hospital *by appointment* through Medical Records Officer.

Minor Clinic held at Trafalgar House, on fourth Fridays on odd months at 1.30 p.m.

Remedial Clinic held at the Royal Hants County Hospital, *by appointment*, through Medical Records Office.

FAREHAM *Surgeon's Clinic*, held at St. Christopher's Hospital, on third Tuesdays, even months, at 10 a.m.
Minor Clinic, held at the County Health Centre, West Street, on third Wednesdays at 10 a.m.
Remedial Clinic, held at the County Council Health Centre, on Mondays and Thursdays all day.

HAVANT. *Surgeon's Clinic*, held at County Council Health Centre, Park Way, on fourth Tuesdays, even months, at 10 a.m.
Minor Clinic, held at County Council Health Centre, on second Wednesday, each month, at 10 a.m.
Remedial Clinic, held at County Council Health Centre, on Wednesdays, all day.

PETERSFIELD. *Remedial Clinic*, held at County Council Health Centre, Ramshill, first Tuesday, at 10 a.m., other Tuesdays at 1.30 p.m.

***Ear, Nose and Throat Clinics.**

Cases, referred for specialist advice, are examined at the Portsmouth Eye and Ear Hospital or Winchester Royal Hants County Hospital, and treatment is carried out there or at Petersfield.

***Ophthalmic Clinics.**

These are available, *by appointment*, through the County Medical Officer, at the following places—

Winchester. Held at Trafalgar House.

Havant. Held at County Council Welfare Centre, Park Way.

Fareham. Held at County Council Health Centre, "The Flying Angel," West Street.

Petersfield. Held at County Council Health Centre, Ramshill.

***Orthoptic Clinics.**

Cases, selected by the School Oculist, are referred to the Eye and Ear Hospital, Portsmouth.

Speech Therapy Clinics.

Cases attended, *by appointment*, at the following centres—

Winchester. County Council Health Centre, every Monday and Friday, at 9.30 a.m. and 1.30 p.m.

Fareham. Health Centre (Flying Angel), every Tuesday and Thursday, at 9.30 a.m. and 1.30 p.m.

Havant. County Council Health Centre, on Wednesdays at 9.30 a.m. and 1.30 p.m.

Child Guidance Clinic.

Cases are seen, *by appointment*, at Tralfalgar House, Winchester.

Psychiatric Out-patient Clinic—Monday, Tuesday, Wednesday and Friday at 2.30 p.m. at Knowle Hospital. (Wickham 3169).

Verminous Cleansing Clinics.

Arrangements can be made for the treatment of special cases, *by appointment*, at the following Centres—

Fareham. County Council Health Centre (Flying Angel), off West Street. (Tel. 3628).

Havant. Potash Terrace. (Tel. 716).

Eastleigh. County Council Health Centre, Red House. (Tel. 847981).

Petersfield. County Council Health Centre, Ramshill.

Dental Clinics.

These are held when required at—

County Council Health Centre, Ramshill, Petersfield.

County Council Health Centre, Park Way, Havant.

4 The Square, Winchester.

County Council Health Centre (Flying Angel), off West Street, Fareham, *by appointment*. (Tel. Fareham 3628).

County Council Health Centre, Chamberlayne Road, Eastleigh, *by appointment*. (Tel. Eastleigh 874981).

The Manor School, Portchester, *by appointment*. (Tel. Winchester 4411. Ext. 102).

Also at other premises and schools as and when required.

** These services are the responsibility of the Regional Hospital Board.*

List of Clinics most accessible to each Parish.

PARISHES.	Child Welfare.	Chest.	Orthopaedic.	Ear, Nose and Throat.	Eye.	Speech.	Vermineous Cleansing.	Dental.
Bishop's Waltham ...	Bishop's Waltham	Winchester Fareham	Winchester Fareham	Winchester	Winchester Fareham	Winchester Fareham	Fareham Eastleigh	Winchester Fareham
Boarhunt ...	Southwick Wickham	Fareham	Fareham	Portsmouth	Fareham	Fareham	Fareham	Fareham
Corhampton & Meonstoke	Meonstoke	Fareham	Petersfield Fareham	Portsmouth	Petersfield Fareham	Petersfield	Petersfield Fareham	Petersfield Fareham
Curdrige ...	Shedfield	Fareham Eastleigh	Fareham	Winchester	Fareham	Fareham	Fareham Eastleigh	Eastleigh
Denmead ...	Denmead	Cosham	Havant	Portsmouth	Havant	Havant	Havant	Havant
Droxford ...	Droxford	Fareham	Fareham	Portsmouth	Fareham	Fareham	Fareham	Fareham
Durley ...	Durley	Eastleigh	Eastleigh	Winchester	Winchester	Winchester	Eastleigh	Eastleigh
Exton ..	Meonstoke	Fareham	Petersfield Fareham	Winchester Portsmouth	Petersfield Fareham	Petersfield	Petersfield Fareham	Petersfield Fareham
Hambleton ...	Hambleton	Cosham	Havant	Portsmouth	Havant	Havant	Havant	Havant
Shedfield ...	Shedfield	Fareham	Fareham	Winchester Portsmouth	Fareham	Fareham	Fareham	Fareham
Soberton ...	Droxford	Fareham	Fareham	Portsmouth	Fareham	Fareham	Fareham	Fareham
Southwick & Widley ...	Southwick	Fareham	Fareham	Portsmouth	Fareham	Fareham	Fareham	Portchester
Swanmore ...	Swanmore	Fareham	Fareham	Winchester	Fareham	Fareham	Fareham	Fareham
Upham ..	Bishop's Waltham Fair Oak	Winchester	Winchester	Winchester	Winchester	Winchester	Eastleigh	Eastleigh
Warnford ...	East Meon Meonstoke	Winchester	Petersfield	Winchester	Petersfield	Petersfield	Petersfield	Petersfield
West Meon ...	East Meon	Winchester	Petersfield	Winchester	Petersfield	Petersfield	Petersfield	Petersfield
Wickham ...	Wickham Titchfield Sarisbury	Fareham	Fareham	Portsmouth	Fareham	Fareham	Fareham	Fareham

HOSPITALS.

General.

There are no General Hospitals within the district, but the following hospitals are available—

THE ROYAL SOUTH HANTS HOSPITAL, SOUTHAMPTON.
(Telephone, Southampton 2620).

CHILDREN'S HOSPITAL, SOUTHAMPTON.
(Telephone, Southampton 73924).

THE ROYAL PORTSMOUTH HOSPITAL, PORTSMOUTH.
(Telephone, Portsmouth 2103).

ST. MARY'S HOSPITAL, PORTSMOUTH.
(Telephone, Portsmouth 2476).

THE ROYAL HAMPSHIRE COUNTY HOSPITAL, WINCHESTER.
(Telephone, Winchester 5151).

Knowle Hospital, situated at Knowle in the Parish of Wickham, is administered by the Regional Hospital Board, Portsmouth.

Corhampton House, Corhampton (Telephone, Droxford 20), which provides accommodation for old people from all parts of the county, is under the control of the County Council.

Waltham House, Droxford, which provided accommodation for old people under the National Assistance Act since 1948, was officially closed in August.

Records at The Castle, Winchester, date back to 1834 when Waltham House was erected by the Poor Law Commissioners.

It was maintained by the Droxford Board of Guardians until 1st April, 1930, when it was transferred to the Hampshire County Council Public Assistance Committee.

On the 1st July, 1948, "the chronic sick patients" became the responsibility of the Regional Hospital Board—while the Part III Accommodation patients (i.e. elderly and infirm patients), remained under the control of the Hampshire County Council.

Infectious Diseases.

There is no infectious diseases hospital in the district.

Any Infectious Diseases Hospital is available for the admission of cases occurring in the district. Patients are generally admitted to Portsmouth Infectious Diseases Hospital, Milton Road (Telephone, Portsmouth 2046), or to the Victoria Isolation Hospital, Morn Hill, Winchester (Telephone, Winchester 2048), which are under the control of the Regional Hospital Board.

Special arrangements have been made for the admission of children suffering from acute polio-myelitis to Lord Mayor Treloar Hospital, Alton (Telephone, Alton 2238).

Sanatoria.

Sanatoria for patients, who are suffering from Tuberculosis, are provided by the Regional Hospital Board.

Smallpox.

The Regional Hospital Board makes provision for the treatment of cases of smallpox at Crabwood Smallpox Hospital.

The Bed Admissions Office (Telephone, Winchester 2261) deals with the admission of these patients.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Notifiable Diseases.

Particulars of the cases of Infectious Diseases, which were notified during the year and comparative notification rates for the whole of England and Wales, are shown in the following table :—

Diseases	Total Cases Notified	Rate per 1,000 of the Population	
		Droxford R.D.	England & Wales
Dysentery (Sonne) ...	63	3·1	Not Available
Erysipelas ...	1	0·05	0·13
Food Poisoning ...	5	0·24	0·20
Measles ...	2	0·09	2·38
Meningococcal Infection	1	0·05	0·03
Pneumonia ...	5	0·24	0·66
Scarlet Fever ...	8	0·39	1·10
Whooping Cough ...	66	3·26	2·52

Only certain forms of pneumonia are notifiable.

An analysis of the total notified cases according to age groups is given below—

Age Group	Dysentery	Erysipelas	Food Poisoning	Measles	Meningococcal Infection	Pneumonia	Scarlet Fever	Whooping Cough
Under 1 year ...	...	...	...	1	1	...	...	4
1 - 2 years ...	4	...	...	...	...	...	...	9
2 - 3 years ...	3	...	...	...	...	...	2	9
3 - 4 years ...	3	...	1	1	...	...	...	12
4 - 5 years ...	7	...	...	...	...	...	2	11
5 - 10 years ...	31	...	1	...	...	...	3	21
10 - 15 years ...	3	...	...	...	...	...	1	...
15 - 20 years ...	...	...	...	...	...	...	...	...
20 - 35 years ...	2	...	...	...	...	...	...	...
35 - 45 years ...	5	...	2	...	...	1	...	...
45 - 65 years ...	...	1	1	...	...	2	...	...
Over 65 years ...	4	...	...	...	...	2	...	...
Age Unknown ...	1	...	...	...	...	...	...	...
TOTALS ...	63	1	5	2	1	5	8	66

The following table shows the number of cases of infectious diseases, notified during the year, and the parishes in which they occurred—

Parish	Dysentery	Erysipelas	Food Poisoning	Measles	Meningococcal Infection	Pneumonia	Scarlet Fever	Whooping Cough
Bishop's Waltham	54	...	...	...	...	...	...	1
Boarhunt	1
Corhampton and Meonstoke	2	...	...	...	...	...
Curdridge	2	...	...	...	...
Denmead	1	1	...	...	1	1	34
Droxford	1
Durley
Exton
Hambledon	1
Shedfield	2
Soberton	7
Southwick and Widley	1	...	4	199
Swanmore	1	...	...
Upham	1	...	...	...	...	...
Warnford	2
West Meon	2	...	3
Wickham ...	57	...	1	...	...	1	3	5
TOTALS ...	61 63	1	5	2	1	5	8	76 66

SONNE DYSENTERY—
Wickham Primary School, Wickham, 1954.

During the year, an outbreak of Sonne Dysentery occurred at Wickham Primary School, which has 186 pupils, divided into two departments. In the Infants, there are 67 children and in the Junior department 119.

There was evidence that the infection originated from a camp during the August holidays and that some boys, belonging to the County Children's Homes, Wickham, contracted it there. These boys attend Wickham Primary School.

As a result of a preliminary investigation, five positive excretors were admitted to hospital. The old policy of exclusion of positive excretors from attending school until bacteriologically free was at first adopted, but past experience has proved that some "carriers" may take several weeks' treatment to render bacteriologically negative; and some of the parents, as well as the Education Authority, are concerned about children losing so much valuable school time. Furthermore, the fact remains that, if the rules of school hygiene are rigidly enforced, intestinal "carriers" need not be a menace.

Following a visit of the Deputy County Medical Officer, clinical cases only were excluded from school attendance—while those, who had no symptoms, were re-admitted.

After consultation with the local General Practitioners and the Director of the Public Health Laboratory, Winchester, it was decided that the best way of controlling the outbreak was to examine the stools of all children attending school; and, in order to obtain a satisfactory result, three consecutive specimens were required.

In order to enlist the help and co-operation, that is so essential for success in an undertaking of this sort, a letter was sent out to all parents showing how they could play their part in helping to check the spread of the outbreak.

Owing to the large number of pupils, it was necessary to carry out the task in two operations, dividing the school into Junior and Infant Departments for convenience.

It was arranged for sterile bottles and written instructions—as to the method of obtaining the specimens—to be distributed to each child at the school on three consecutive days and for the specimens to be brought back to the school for collection and transportation to the Laboratory on the succeeding days.

It was considered that this method of collecting specimens had the following advantages :—

1. Detecting all positive excretors—including “symptomless excretors.”
2. Indicating the degree of infection of the children attending the school.
3. Shortening the outbreak by referring the “symptomless excretors” for early treatment.
4. Assisting the work of the Public Health Department by concentrating the collection of specimens to one place at the outset.

The parents were informed of the results ; and, where a positive excretor was discovered, they were asked to obtain advice from their own doctor.

After treatment, further specimens were obtained until considered free from infection.

The co-operation of the parents was excellent.

Out of the 67 infants, 9 convalescent “carriers” and 1 “symptomless excretor” were found ; while, among the 119 juniors 8 convalescent “carriers” and 5 “symptomless excretors” were discovered, as a result of the school investigation.

The comparative figures, expressed in percentages, are shown in the following table :—

POSITIVE EXCRETORS

<i>Department</i>	<i>Convalescent</i>	<i>Symptomless</i>	<i>Total</i>
Infants	13·4%	1·5%	14·9%
Junior	6·7%	4·2%	10·9%

Although the figures are very small, the percentages in the above table do indicate that there were nearly three times as many “symptomless excretors” among the juniors as there were in the infant department ; while there were twice as many convalescent “carriers” in the infant department.

In addition to the positive excretors detected at school, there were cases, convalescent “carriers” and “symptomless excretors” discovered during a follow-up investigation of contacts in the homes and among households where the General Practitioners suspected the presence of the germ.

The grand total of positive excretors was 60. These are classified, according to age groups and sexes, in the following table :—

<i>Pre-School</i>		<i>School Children</i>		<i>Adults</i>	
M	F	M	F	M	F
6	6	19	20	2	7

It will be realised that Sonne Dysentery is very easily spread among children by personal contact, but it may also be caught through recently contaminated toys or other articles.

The germs, which are passed in the stools of the patients, are generally carried by the hands, so the patient should always wash his hands after using the lavatory—especially as the germs can easily pass through toilet paper. It is also important to keep the lavatory seat clean with soap and water. The danger of spread is from bowel to hand to mouth, so the patient or “carrier” should use *separate* crockery and feeding utensils and they should be disinfected after use.

A “carrier” is a person, who, although he feels perfectly well, is passing the germ in his stools and may therefore spread the disease quite unknowingly. Everyone should be extra particular about washing their hands, as anyone may pick up the germ from an unknown “carrier” and may pass it on to children as well as infect food and feeding utensils. During an outbreak, therefore, the most responsible persons are the food handlers—not forgetting “the family cook”—and those in charge of young children.

If the symptoms are very mild, it will be realised that the presence of an outbreak of Sonne Dysentery may easily be missed.

I should like to take this opportunity of thanking the General Practitioners who took such an active part in this outbreak. Their co-operation was greatly appreciated and it is hoped that some improvements to the sanitary arrangements at the school will occur as a result of this epidemic.

In view of the difficulty of siting a disposal unit, this Council has agreed to offer free emptyings if the County Council will instal a cess-pool and convert the existing pail closets and trough urinals to W.Cs. and stall urinals in both the infants and junior departments.

SANITATION IN SCHOOLS.

During the year a further inspection of all the schools within the District was carried out with a view to bringing the sanitary arrangements and washing facilities up to the required standard.

Apart from the conversion of the "Hampshire System of Disposal" to pail closets containing chemical fluid and the conversion to a water carriage system connected to sewer at Southwick Primary School, it was found that few improvements had been done since recommendations were made to the Hampshire County Council in 1949.

The Public Health Committee decided that, owing to the importance of this matter, a Special Sub-Committee be formed to consider the whole question of Sanitation in Schools and to submit to the County Council their recommendations.

FOOD HYGIENE.

The increase in food poisoning outbreaks during the past few years has been attributed in the main to the greater amount of communal feeding in the country. For it will be appreciated that, in the home, the consumption of any food, that has been dangerously contaminated, will affect only the family ; whereas in a canteen, restaurant, or café hundreds of people may be affected simultaneously.

Apart from the risk of food poisoning, the very thought of eating food with dirty utensils or of eating any food, that has been handled by someone with dirty hands, is most objectionable.

Any food handler, infected with diarrhœa or with septic sores or boils, should not be allowed to handle food. It should constantly be borne in mind by all concerned in the handling, preparation and storage of food—and particularly by those who work in canteens or who serve food to large numbers—that the utmost care must be taken to obviate the risk of food poisoning, which may occur, even in the best equipped of canteens.

A high standard of hygiene is a benefit to food traders, for it attracts business ; whereas a low hygienic standard will obviously have the reverse effect.

Everyone has now become more clean-food minded ; and, if any uncleanness is observed in food premises, the customers generally complain to the management.

This new look in food hygiene is a good thing, as it is of course all in the interest of the general public to encourage safer practices.

The hygiene standard of such shops and restaurants therefore lies to some extent in the hands of the customers.

The washing of hands immediately after using the lavatory is absolutely essential for everybody, for toilet paper is porous ; and, once contaminated, the hands will leave bacteria behind on everything they touch.

Cakes, boiled sweets, cooked food and *vulnerable foods* should be handled by servers and not fingered by the hands, for they are never clean enough to safely handle food of this nature.

In fact, the occupation of those concerned in the preparation and serving of food should be called “ food non-handling.”

Vulnerable foods—which include pressed meat, brawn, meat pies, stews, trifles, custards and synthetic cream—are normally quite safe when prepared. But they act as ideal breeding grounds for any dangerous germs that gain access ; and, if kept at warm temperatures, the germs will multiply very rapidly.

Made-up meat dishes and other vulnerable foods are easily contaminated and provide a perfect medium for the growth and multiplication of bacteria.

Refrigeration conserves food in a wholesome and palatable condition and definitely retards the growth of bacteria if they are present.

Many outbreaks of bacterial food poisoning would never have occurred if the incriminated food, after being cooked, had been rapidly cooled and then placed in a refrigerator until actually required, instead of being left at room temperature overnight and then eaten cold, or warmed up the next day.

But emphasis should rightly be placed on methods of preventing the food from becoming contaminated in the first place.

However, it is most important that vulnerable food should be stored at a low temperature in a refrigerator or a cool larder to prevent the germs from multiplying.

The food must be at certain temperature and moisture conditions over a period of time before the food-poisoning organisms will multiply and produce food poisoning.

A high standard of hygiene for food traders is best obtained by observing the following simple rules.

- (1) Protection of food from all sources of contamination (dust and droplet infection as well as from flies, cockroaches, rats and mice).
- (2) Personal cleanliness of “ food non-handlers.”
- (3) Proper storage and display of food at safe temperature.

Education in Food Hygiene.

The Central Council for Health Education has continued to keep this Department informed of all their up-to-date posters and pamphlets relating to food hygiene and the control of infectious disease.

In the Chief Medical Officer's last Annual Report (for the year 1953), attention was drawn to the fact that the number of incidents of food poisoning, recorded in 1953, was higher by fifty per cent than in 1952.

In view of the publicity given in the last few years to the need for hygienic practice in the preparation of food, this is disappointing and emphasises the need to keep the importance of food hygiene before the public eye.

The remedy is largely in the hands of those who prepare, cook and serve food ; and, to encourage good habits of personal hygiene among members of the staff of catering establishments, housewives and others, the Ministry of Health has prepared four illustrated coloured posters, which cover the four essentials of a good food handler :—

- (1) " Wash your hands well."
- (2) " Finger food as little as possible."
- (3) " Cover all cuts and sores properly."
- (4) " Cover food against flies."

International Travel.

The increasing speed of travel by air and sea introduces an increased risk of importing travel-borne diseases and, without returning to the health control measures enforced in the old Quarantine Acts, it is not possible to provide an absolute barrier to these occurrences.

Since the International Sanitary Regulations, 1952, came into operation, there is no distinction in the health control of air travellers and others, except where travel to and from yellow fever areas is concerned.

International travellers, who may have been contacts of smallpox or other dangerous diseases while out of this country, are required to show their doctors notices issued to them on arrival at airports in the event of their becoming ill during the succeeding twenty-one days.

Passengers, undertaking international travel, must be in possession of certain vaccination certificates depending upon the place of departure, the countries of transit and the destination. International certificates are issued in connection with smallpox, yellow fever and cholera.

The vaccinations must be recorded on the international vaccination certificate form prescribed by the World Health Organisation, dated and signed by the doctor doing the inoculation and, in the case of smallpox and cholera, authenticated and stamped by the Health Department of the district.

The international certificate forms should be obtained by the traveller himself from the Government Health Department concerned (i.e. Ministry of Health) or from travel agencies, airlines or shipping companies—except in the case of yellow fever which are held at certain recognised centres where the vaccination is performed.

In this area, yellow fever vaccinations are carried out at the Royal South Hants and Southampton Hospital, Fanshaw Street, Southampton.

Details of immunisation requirements can be obtained from the airline or steamship company concerned or from the consulates of the countries to be visited.

Vaccination.

The National Health Service Act left the question of vaccination entirely to the good sense and discretion of the parents.

It was hoped that the voluntary response would be as successful as in the case of diphtheria immunisation.

Strange as it may seem, however, this has not been the case; and the vaccination state of the population in Great Britain, which has in the past few years been consistently falling, is now at such a low level as to cause concern.

In England and Wales in 1954, the percentage of infants under the age of one year who were vaccinated was only 34·5. This is far below what may be regarded as satisfactory; the aim should be to see that every healthy infant is vaccinated—not only because routine infant vaccination is thought to be justified as the first step in establishing a satisfactory immunity in later years, but also on account of the immediate protection thereby conferred, and the occurrence of outbreaks of imported smallpox from time to time only confirms that the general immunity against this disease is not sufficient to prevent an epidemic.

It is therefore all the more important that primary vaccination should be carried out.

Vaccination is far too frequently refused because parents are under the impression that it will harm their babies.

If the *first vaccination* is put off until adolescence or later, there may be a very slight risk; but that is, of course, all the more reason for vaccinating the child in infancy—especially in these days when people travel abroad so much more and any young man may be sent, during his National Service training, to a smallpox-infected area.

The ideal time for the first vaccination is during the first six months of infancy—preferably about the third or fourth month.

The susceptibility of the community as a whole to epidemic smallpox of either the mild or the severe variety cannot be greatly diminished by routine infant vaccination alone. To guard against the social disruption and economic loss which invariably results from the rapid spread of any form of smallpox, it is necessary for the re-vaccination of school children as well as vaccination of infants to be done as a routine.

The re-vaccination of children within two or three years of first entering school not only maintains or revives their individual protection, but is likely to facilitate substantially the control of local outbreaks of smallpox. It also ensures that any further vaccination in later life will be less likely to have any serious reactions or complications.

Re-vaccination, done at school age, is practically trouble free and this procedure, carried out as a routine at least once on all children primarily vaccinated in infancy, would substantially diminish the chances of rapid spread of smallpox.

The Chief Medical Officer of the Ministry of Health in his report for 1952, states that “the total numbers of school-children re-vaccinated over the whole country suggest that not more than 1 in 25 of the children entering or leaving school, who had been primarily vaccinated in infancy, were re-vaccinated.”

For all these reasons, the re-vaccination of school children should be encouraged.

It is unfortunately something of a paradox that the application of preventive measures, so easily and fully available, should in a great many instances have to await the occurrence of the very condition they are designed to prevent before advantage is taken of them.

During the year, two hundred and sixty-three vaccinations against smallpox were carried out. :—

Vaccination.	Pre-School Children.	School Children.	Over 15 years of age.
Primary ...	190	4	7
Re-vaccination ...	5	16	41
Total .	195	20	48

In this district, the percentage of children under the age of one year, who were vaccinated, was 49%.

Diphtheria Immunisation.

The following information has been extracted from reports of the Ministry of Health and pamphlets issued by the Central Council for Health Education.

“The incidence and mortality from diphtheria continue to fall.

In the past ten years, the number of cases has fallen from 18,596 to 182 and the number of deaths from 722 to 9. The number of deaths from diphtheria in 1953 were only 23 and now a still lower record (i.e. 9 deaths in 1954) has been established.

This is a truly magnificent achievement and the claims made for the value of immunisation have been substantiated.

In a recent epidemic of diphtheria in the Midlands, thirty-eight cases occurred. Of these, three died and none of these had been immunised.

This example emphasises the fact that only if an adequate level of immunisation is maintained can this country be rid of diphtheria altogether.

The great majority of parents nowadays have never seen or heard of a case of diphtheria among their neighbours' children and are more afraid of illnesses they know than of the dangers of diphtheria.

Complacency, resulting from what has already been achieved, or loss of interest or of confidence in immunisation, may mean that diphtheria will go on occurring endemically and epidemically in this country indefinitely, with the ever-present risk of a return to high mortality; but a vigorously continued immunisation programme, combined with existing methods of epidemic control, may free us entirely from the disease except for the occasionally imported case."

The Ministry of Health recommends that all children should be immunised before their first birthday—preferably at the age of seven or eight months and that they should receive a " booster " or re-inforcing dose just before entering school, and again every four or five years throughout school life.

Owing to the fact that immunity against diphtheria takes several weeks to develop, those who have been inoculated earlier in life will have the advantage of receiving protection against diphtheria at short notice.

It is, therefore, of the utmost importance for parents to realise that active immunisation in the first year of life and re-inforcing doses of prophylactic in later years are just as necessary in the absence of diphtheria epidemics as in their presence.

Immunisation helps the body to build up natural defences against the disease and gives almost certain protection against death from diphtheria.

Resistance to diphtheria is rather like a car battery that needs topping-up to maintain its full efficiency. So children should be immunised in the first year of life and have their first " topping-up " before reaching school age.

The object of publicity campaigns in the fight against diphtheria is to secure that at least 75 per cent of the babies are immunised before the end of the first year of life.

The figure for the first half of 1954 in England and Wales is estimated to be 35·75 per cent ; while, in this district 33·1 per cent of the children, born during the year 1953, were immunised before they attained the age of one year.

During the year, five hundred and eighty-two immunisations against diphtheria were carried out:—

Immunisation.	Pre-school Children.	School Children.
Primary	187	22
Re-inforcing or "Boosters"	8	363
Combined	2	—
TOTAL	197	385

The following table gives the annual incidence and mortality from diphtheria since 1937.

	1937	1938	1939	1940	1941	1942	1943	1944	1945
Cases	5	3	7	4	3	—	4	1	2
Deaths	—	—	—	—	—	—	—	—	—
	1946	1947	1948	1949	1950	1951	1952	1953	1954
Cases	1	—	—	—	—	—	1	—	—
Deaths	—	—	—	—	—	—	—	—	—

It is satisfactory to record that there have been no deaths from diphtheria since the scheme of diphtheria immunisation by general practitioners in this district commenced in 1935.

TUBERCULOSIS.

At the end of the year the total number of cases on the register was one hundred and seventy-two.

The following tables gives the number of cases of Tuberculosis registered in the district at the beginning and end of 1954.

	<i>Respiratory.</i>			<i>Non-Respiratory.</i>		
	<i>M.</i>	<i>F.</i>	<i>Total.</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Number on Register at beginning of the year (1954)	68	36	104	25	25	50
New additions to the Register during the year	6	8	14	3	3	6
Removals from the Register during the year	1	1	2	—	—	—
Number on Register at the end of the year (1954) .. .	73	43	116	28	28	56

Analysis of new cases and deaths according to age groups :—

<i>Age Period.</i>	<i>New Cases.</i>				<i>Deaths.</i>			
	<i>Respiratory.</i>		<i>Non-Respiratory.</i>		<i>Respiratory.</i>		<i>Non-Respiratory.</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
0 - 1	—	—	—	1	—	—	—	—
1 - 5	—	—	2	—	—	—	—	—
5 - 15	—	—	—	1	—	—	—	—
15 - 25	2	1	1	1	—	—	—	—
25 - 35	1	2	—	—	—	—	—	—
35 - 45	1	2	—	—	—	—	—	—
45 - 55	1	2	1	—	—	1	—	—
55 - 65	1	—	—	—	—	—	—	—
65 and over	—	1	—	—	—	—	—	—
Age unknown	—	—	—	—	—	—	—	—
TOTAL	6	8	4	2	—	1	—	—

Scabies.

Facilities for the treatment of Scabies are available at Portsmouth Disinfestation Clinic.

Appointments for cases requiring treatment are made through this Department.

Scabies should be regarded as a family infection ; and all members of the same family should present themselves for treatment simultaneously—whether or not they complain of “ The Itch ” and show evidence of scabies at the time. Otherwise an early case may escape detection and the parasite may thrive in one member and re-infect the others.

Pediculosis.

Where necessary, cases of Pediculosis (head lice) may be referred for treatment, by special appointment, at any of the following Centres :—

Fareham,
Eastleigh,
Petersfield,

whichever is the most convenient

Pediculosis should also be regarded as a family infection ; and, when a child is found to be verminous, all the members of the family should offer themselves for examination. This wise practice would ensure that any undetected case in the same family would receive immediate treatment and that there would be no further spread of infection to others.

NATIONAL ASSISTANCE ACT.

Official action was taken in one case under Section 47 of the National Assistance Act, 1948, during the year in connection with the removal to hospital of persons who, owing to grave chronic disease, or being aged, infirm or physically incapacitated and living in insanitary conditions, were unable to devote to themselves and were not receiving from other persons proper care and attention.

The assistance given by the General Practitioner, the Welfare Officer, Sanitary Inspectors and Health Visitors, is greatly appreciated in these difficult and distressing cases.

Home Help Service.

Applications for Home Helps should be made to the District Organiser, Home Help Office, Westbury Manor, Fareham.

THE REPORT OF THE SURVEYOR AND CHIEF SANITARY INSPECTOR.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply.

With the completion of the Meon Valley and Upham Water Schemes, a piped supply of water is now available in all the sixteen Parishes within the Rural District.

The Gosport Waterworks Company, Portsmouth Water Company and Southampton Corporation are, between them, the Chief Statutory Water Undertakers and frequent samples taken were, in every case, found to be satisfactory.

There are of course certain parts of the Parishes where it remains economically unpractical to provide a piped supply and the properties in these areas still rely on private bore holes, springs, wells and stored rain water.

Drainage and Sewerage.

The Southwick sewerage scheme is now completed and connections from private premises have been made, the school being one of the first.

It is to be hoped that the Bishop's Waltham sewerage scheme will quickly follow as the problem of disposal of sewage and waste water in this area grows daily.

Public Cleansing.

The collection of night soil and the emptying of cesspools is still maintained throughout the district, and the allowance of four free emptyings per annum is still made for cesspools, although the problem of disposal of the contents is ever increasing.

The following summary gives particulars of work done during the year under review :—

Cesspools emptied

3,925

E.C.s emptied

134,137

Household refuse is collected by direct labour twice monthly, throughout the district with the exception of Bishop's Waltham, Shedfield and Wickham, where it is made weekly.

Salvage.

The following amounts of salvageable materials were collected :—

Waste Paper	9 tons	7 cwt.	3 qtrs.	13 lbs.
Steel and Iron	3 tons	6 cwt.	3 qtrs.	
Mixed Metals			2 qtrs.	24 lbs.
Rags and String		1 cwt.	1 qrt.	9 lbs.
Tyres	27	(in number)		

Salvage is collected concurrently with refuse. The total receipts were £79 17s. 1d.

HOUSING STATISTICS (Public Health).

Inspection of Dwelling-houses during the year—

(1) (a)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	39
(b)	Number of inspections made for the purpose				118
(2) (a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	...	...	...	21
(b)	Number of inspections made for the purpose				61
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	11
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be, in all respects, reasonably fit for human habitation	...	...	...	10

Remedy of Defects during the year without service of Formal Notices—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	48
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Action under Statutory Powers during the year—

(a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936—				
(1)	Number of dwelling-houses in respect of which Notices were served requiring repairs			2
(2)	Number of dwelling-houses which were rendered fit after service of formal notices—			
	(a) By owners	...	...	1
	(b) By Local Authority in default of owners	...	...	Nil
(b) Proceedings under Public Health Acts—				
(1)	Number of dwelling in respect of which notices were served requiring default to be remedied			1
(2)	Number of dwelling-houses in which defaults were remedied after service of formal notices			
	(a) By owners	...	...	1
	(b) By Local Authority in default of owners	...	...	Nil
(c) Proceedings under Section 11 and 13 of the Housing Act, 1936—				
(1)	Number of dwelling-houses in respect of which Demolition Orders were made	...	...	5
(2)	Number of dwelling houses demolished in pursuance of Demolition Orders	...	...	Nil
(3)	Undertakings given	...	...	2

Overcrowding.

Statutory overcrowding does exist in a minor degree within the area but, under existing circumstances, no direct action is taken ; cases are referred to the appropriate Committee for consideration when allocating new houses.

Housing Repairs and Rents Act.

Number of inspections made	13
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New Houses and Buildings.

The improvement of housing conditions within the district is shown by the comparative figures for the last eight years :—

Number of Plans approved by the Council.

PURPOSE OF PLAN.	1947	1948	1949	1950	1951	1952	1953	1954
Houses	50	48	89	30	32	51	58	146
Additions & Alterations	29	38	56	67	55	46	52	56
Conversions&Adaptations	15	15	11	7	14	10	9	6
Garages	29	29	36	36	32	41	44	44
Bathrooms & Drainage Installation ...	24	64	56	51	41	49	72	61
Farm Buildings ...	10	29	48	38	37	22	22	17
Sheds and Stores ...	33	28	12	9	17	12	15	6
Housing Layouts ...	1	—	—	1	—	—	—	3

The number of new units of housing erected by private enterprise or provided by the Local Authority over the same period was :—

BY WHOM ERECTED OR PROVIDED	1947	1948	1949	1950	1951	1952	1953	1954
By Private Enterprise ...	20	19	17	18	14	37	37	47
By Local Authority—								
(a) Houses ...	32	84	68	79	40	46	56	72
(b) Hutments ...	—	—	—	6	—	—	10	—

On 31st December, 1954, there were a further thirty-six Council Houses in course of erection.

Housing Act, 1949.

An increasing number of applications for Improvement Grants towards the cost of improvement and conversion of premises to bring them up to the required standard of fitness for human habitation have been made since the Local Authority decided to implement Section 20 of the Act.

The following table gives the comparative figures for the number of applications and the amount of grants approved for each year :—

Year	No. Applications approved	No. of Units of Housing provided	Total amounts approved		
			£	s.	d.
1952	4	7	508	11	0
			(£36 recovered)		
1953	2	2	317	0	0
1954	14	17	4225	0	0
TOTALS	20	26	£5050	11	0
			(£36 recovered)		

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.

With the coming into operation of the Milk (Special Designations) (Specified Areas) (No. 2) Order, 1954, all milk sold by retail within the Droxford Rural District must be either Tuberculin Tested or Pasteurised.

The Licensing of Producer/Retailers remains the duty of the Ministry of Agriculture, Fisheries and Food, while the licensing of Dealers is the responsibility of the Local Authority.

There is one pasteurising plant within the district, supervision of which rests with the District Council on behalf of the County Council following the Delegation of Powers under the Milk and Dairies Regulations.

Licences issued under the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949 :—

Dealers' (Pasteurisers) Licences to use the designation "Pasteurised"	...	...	...	1
Dealers' Licences to use the designation "Pasteurised"				5
Supplementary Licences to use the designation "Pasteurised"	...	...	...	8
Supplementary Licences to use the designation "Sterilised"	...	...	...	2

Licences issued under the Milk (Special Designation) (Raw Milk) Regulations, 1949 :—

Dealers' Licences to use the designation "Tuberculin Tested"	...	—	...	...	7
Supplementary Licences to use the designation "Tuberculin Tested"	...	...	...	...	8

Thirty samples of milk were taken during the year and submitted to the Public Health Laboratory, Winchester, for examination. On the whole, results were very satisfactory.

Meat Inspection.

The Livestock (Restriction on Slaughter) (Amendment and Revocation) Order, 1954, brought to an end Government control of purchasing and slaughtering of livestock for human consumption and from the 1st July these functions reverted to private enterprise.

The Slaughterhouses Act, 1954, placed the duty on Local Authorities for seeing that sufficient slaughtering accomodation is available for the requirements of their District. A meeting with neighbouring authorities resulted in the formation of the Wessex Slaughterhouses Board with control of the Ministry of Food Slaughterhouse at Fareham from 1st January, 1955.

Three premises within the Rural District were licensed for the slaughter of animals for human consumption and one Licence to use premises as a knackers yard were granted until 31st December, 1954.

Food Adulteration.

This Section of the Food and Drugs Act, 1938, is operated by the County Council.

Details of the samples taken under the Food and Drugs Act, 1938, during the year ended 31st March, 1955 :—

ARTICLE	Number Taken	
	Genuine	Unsatisfactory
Butter and other Fats	5	—
Drugs	2	—
Meat Products	6	—
Milk	66	1
Spirits	4	—
Other Foods	6	—
TOTAL	89	1

The average percentage of the 66 milk samples taken was Fat 4·02% and Non-fatty Solids 8·73%.

Unsatisfactory Sample.

Milk containing 16·8% of added water.

Proceedings were taken against the Vendor for adding water to milk and a fine of £15 0s. 0d. plus £3 15s. 0d. costs were imposed.

RODENT CONTROL.

Work on this was maintained throughout the year and block control was carried out—no new major infestations were found.

The following tables give an analysis of the prevalence and control of rats and mice within the district for the twelve months ending 31st December, 1954.

1. PREVALENCE OF RATS AND MICE.

TYPE OF PROPERTY.	(i)	(ii)	(iii)	(iv)	(v)	(vi)	(vii)				
								Number of properties in Local Authority's Area.	Analysis of Column iv.		
									Number infested by		
In which infestation was	Total.	Notified by Occupier.	Otherwise discovered.	Recorded total of (ii) and (iii)	Rats.			Mice only.			
					Major.	Minor.					
Local Authority's Property (not including houses) ...	6	...	3	3	...	3	...	...	
Dwelling Houses ...	5876	37	425	462	...	425	462	...			
Business Premises ...	294	...	7	7	...	7	...	...	
Agricultural Property ...	550	...	4	4	...	4	...	...	
TOTAL ...	6710	37	439	476	...	439	476	...			

2. MEASURES OF CONTROL BY LOCAL AUTHORITY.

TYPE OF PROPERTY.	No. of properties inspected.	No. of inspections made.	Number of notices served under Section 4.		Number of treatments carried out.			Block treatments of properties in different occupancies under Section 6 (1) or by informal arrangement.			
			Treatments.	Works.	By arrangement with occupier.		Under Section 5 (1).		Number of blocks.	Surface.	Associated sewers.
					Rats.	Mice only.	Rats.	Mice only.			
Local Authority's Property	6	18	...	...	5	...	...	...	...	...
Dwelling Houses	5464	5504	...	...	425	...	...	51	5464	
Business Premises	276	276	...	...	7	.	...	...	...	...
Agricultural Property	270	275	...	...	...	...	...	...	..	...
TOTAL	6016	6073	...	...	437	...	...	51	5464	.

SUMMARY OF INSPECTIONS MADE AND NOTICES SERVED.

BUILDING INSPECTIONS.

Foundations	...	...	...	83
Damp-proof Courses	...	...	...	67
Concrete over site	...	...	...	32
Intermediate	...	...	...	419
Drains 'Tested	...	...	...	153
Final Inspections	...	...	...	64
Building Inquiries Inspections	...	...	...	152
Short-lived Materials Section 53	...	...	...	8
Council House Inspections	...	...	...	41
Town Planning Inspections	...	...	...	7

PUBLIC HEALTH ACT, 1936.

Drains and Sewer Ditches controlled by the Council	...	24
Blocked and Insanitary Drains and Cesspools	...	43
Refuse Tips	...	2
Filthy and Verminous Premises	...	2
Verminous Persons	...	1
Disinfestations	...	8
Nuisances (other than houses), Section 92	...	3
water Supply	...	39
Infectious Diseases (visits)	...	281
Disinfections	...	4
Moveable Dwellings, Section 269	...	93
Other Inspections	...	158

FOOD AND DRUGS ACT, 1938.

Carcases Inspected	...	40
Inspections, Other Foods	...	11
Food Premises, Section 13	...	31
Milk Distribution	...	26
Slaughter-houses and Knackers' Yards	...	23

FACTORIES ACT, 1937.

Power Factories	...	...	...	...	5
Non-power Factories	1
Out-workers	1

PETROLEUM REGULATIONS.

Inspections	6
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MISCELLANEOUS.

Rodent Control (by Sanitary Inspectors)	10
Housing Applications	37
Other Visits	...	...	...	...	325
Civil Defence	...	...	...	...	20

SAMPLES TAKEN.

Water	...	...	...	...	90
Milk	...	...	...	...	30
Other Samples	...	...	...	...	1

FACTORIES ACT, 1937.

Part 1 of the Act.

1. Inspections for the purpose as to health.

PREMISES.	Number on Register.	Inspections.	Number of written Notices.
Factories with mechanical power ...	61	5	1
Factories without mechanical power	1	1	...
Other premises under the Act (including works of building and engineering construction, but not including outworkers premises) ...	...	25	...
TOTALS ...	62	31	1

